

Illinois Educators Risk Management Program (IERMP)  
Plan Design Summary

**Dental Summary**

**Proposed Effective Date: 1/1/2024**

		Plan 1: ER - Low	Plan 2: ER - High	Plan 3: VOL - Low	Plan 4: VOL - High
<b>Plan Benefit</b>	<b>Type 1</b>	100%	100%	100%	100%
	<b>Type 2</b>	80%	80%	60%	80%
	<b>Type 3</b>	50%	50%	50%	50%
<b>Deductible</b>		\$50/Calendar Year Waived Type 1 \$150/family	\$50/Calendar Year Waived Type 1 \$150/family	\$50/Calendar Year Waived Type 1 \$150/family	\$50/Calendar Year Waived Type 1 \$150/family
<b>Maximum (per person)</b>		\$1,000/Calendar Year	\$1,200/Calendar Year	\$1,000/Calendar Year	\$1,200/Calendar Year
<b>PPO</b>		Passive PPO	Passive PPO	Passive PPO	Passive PPO
<b>Allowance</b>	<b>Type 1</b>	95th U&C	95th U&C	95th U&C	95th U&C
	<b>Type 2</b>	95th U&C	95th U&C	95th U&C	95th U&C
	<b>Type 3</b>	95th U&C	95th U&C	95th U&C	95th U&C
<b>Waiting Period</b>		None	None	None	None
<b>Annual Open Enrollment</b>		Included	Included	Included	Included

**Orthodontia Summary**

<b>Allowance All Plan Designs:</b> In Network, discounted fee. Out of Network, U&C.					
<b>Plan Benefit</b>		50%	50%	50%	50%
<b>Coverage for Adults</b>		No	No	No	No
<b>Lifetime Maximum (per person)</b>		\$1,000	\$1,250	\$1,000	\$1,250
<b>Waiting Period</b>		None	None	None	None

**Monthly Rates**

<b>Employee (EE)</b>	\$23.76	\$27.04	\$26.92	\$30.64
<b>EE + Spouse</b>	\$47.96	\$54.76	\$54.52	\$62.24
<b>EE + Children</b>	\$57.68	\$66.48	\$65.56	\$74.52
<b>EE + Spouse &amp; Children</b>	\$90.40	\$104.04	\$102.70	\$116.72

Rates are guaranteed for 24 months following the effective date listed above and include Orthodontia if part of plan design.

Rates include: home address mailing.

This benefit and cost summary expires on 1/1/2024 unless replaced, withdrawn or amended by The Standard.

**Employee Participation Requirements**

**Eligible Employees: 2,154**

	All eligible employees Non-Contributory	All eligible employees Non-Contributory	60% Voluntary	60% Voluntary
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# Illinois Educators Risk Management Program (IERMP)

## Covered Procedure Summary

The following is a sample list of dental procedures payable under the plan. A complete list of procedures is available from your Sales Representative.

	<b>Plan 1: ER - Low</b>	<b>Plan 2: ER - High</b>	<b>Plan 3: VOL - Low</b>	<b>Plan 4: VOL - High</b>
<b>Plan Design Summary</b>	100/80/50 \$50/Calendar Year Waived Type 1 \$150/family \$1,000	100/80/50 \$50/Calendar Year Waived Type 1 \$150/family \$1,200	100/60/50 \$50/Calendar Year Waived Type 1 \$150/family \$1,000	100/80/50 \$50/Calendar Year Waived Type 1 \$150/family \$1,200
<b>Type 1 Procedure (Frequency)</b>	<ul style="list-style-type: none"> <li>• Routine Exam (2 in 12 months)</li> <li>• Bitewing X-rays (1 in 12 months)</li> <li>• Full Mouth/Panoramic X-rays (1 in 5 years)</li> <li>• Cleaning (2 in 12 months)</li> <li>• Fluoride for Children 14 and under (1 in 12 months)</li> <li>• Sealants (age 14 and under)</li> <li>• Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <li>• Routine Exam (2 in 12 months)</li> <li>• Bitewing X-rays (1 in 12 months)</li> <li>• Full Mouth/Panoramic X-rays (1 in 5 years)</li> <li>• Cleaning (2 in 12 months)</li> <li>• Fluoride for Children 14 and under (1 in 12 months)</li> <li>• Sealants (age 14 and under)</li> <li>• Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <li>• Routine Exam (2 in 12 months)</li> <li>• Bitewing X-rays (1 in 12 months)</li> <li>• Full Mouth/Panoramic X-rays (1 in 5 years)</li> <li>• Cleaning (2 in 12 months)</li> <li>• Fluoride for Children 14 and under (1 in 12 months)</li> <li>• Sealants (age 14 and under)</li> <li>• Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <li>• Routine Exam (2 in 12 months)</li> <li>• Bitewing X-rays (1 in 12 months)</li> <li>• Full Mouth/Panoramic X-rays (1 in 5 years)</li> <li>• Cleaning (2 in 12 months)</li> <li>• Fluoride for Children 14 and under (1 in 12 months)</li> <li>• Sealants (age 14 and under)</li> <li>• Space Maintainers</li> </ul>
<b>Type 2 Procedure (Frequency)</b>	<ul style="list-style-type: none"> <li>• Periapical X-rays</li> <li>• Fillings for Cavities</li> <li>• Restorative Composites (anterior and posterior teeth)</li> <li>• Simple Extractions</li> </ul>	<ul style="list-style-type: none"> <li>• Periapical X-rays</li> <li>• Fillings for Cavities</li> <li>• Restorative Composites (anterior and posterior teeth)</li> <li>• Simple Extractions</li> </ul>	<ul style="list-style-type: none"> <li>• Periapical X-rays</li> <li>• Fillings for Cavities</li> <li>• Restorative Composites (anterior and posterior teeth)</li> <li>• Simple Extractions</li> </ul>	<ul style="list-style-type: none"> <li>• Periapical X-rays</li> <li>• Fillings for Cavities</li> <li>• Restorative Composites (anterior and posterior teeth)</li> <li>• Simple Extractions</li> </ul>
<b>Type 3 Procedure (Frequency)</b>	<ul style="list-style-type: none"> <li>• Onlays</li> <li>• Crowns (1 in 7 years per tooth)</li> <li>• Crown Repair</li> <li>• Endodontics (nonsurgical)</li> <li>• Endodontics (surgical)</li> <li>• Periodontics (nonsurgical)</li> <li>• Periodontics (surgical)</li> <li>• Denture Repair</li> <li>• Implants</li> <li>• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 7 years)</li> <li>• Complex Extractions</li> <li>• Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>• Onlays</li> <li>• Crowns (1 in 7 years per tooth)</li> <li>• Crown Repair</li> <li>• Endodontics (nonsurgical)</li> <li>• Endodontics (surgical)</li> <li>• Periodontics (nonsurgical)</li> <li>• Periodontics (surgical)</li> <li>• Denture Repair</li> <li>• Implants</li> <li>• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 7 years)</li> <li>• Complex Extractions</li> <li>• Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>• Onlays</li> <li>• Crowns (1 in 7 years per tooth)</li> <li>• Crown Repair</li> <li>• Endodontics (nonsurgical)</li> <li>• Endodontics (surgical)</li> <li>• Periodontics (nonsurgical)</li> <li>• Periodontics (surgical)</li> <li>• Denture Repair</li> <li>• Implants</li> <li>• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 7 years)</li> <li>• Complex Extractions</li> <li>• Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>• Onlays</li> <li>• Crowns (1 in 7 years per tooth)</li> <li>• Crown Repair</li> <li>• Endodontics (nonsurgical)</li> <li>• Endodontics (surgical)</li> <li>• Periodontics (nonsurgical)</li> <li>• Periodontics (surgical)</li> <li>• Denture Repair</li> <li>• Implants</li> <li>• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 7 years)</li> <li>• Complex Extractions</li> <li>• Anesthesia</li> </ul>

Current Dental Terminology © American Dental Association.

# Illinois Educators Risk Management Program (IERMP)

## Features/Benefits

### The Standard's Preferred Care Dental Products

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- Employers achieve a balance between cost efficiency and employee choice.
- Plan participants are free to receive care from any dentist they choose. Their out-of-pocket expenses are generally lower when using network providers, who have agreed to provide dental care at discounted fees.
- Our plans give participants across the nation over 580,000 provider access points for dental care.
- Network providers must meet credentialing and quality assurance requirements.

### Usual and Customary (U&C)

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The Usual and Customary (U&C) allowance listed on the plan summary page is determined using information including data from a nationally recognized independent data source. Plan participants are reimbursed based on the appropriate charges in the dentist's ZIP Code area. U&C allowances are reviewed annually.

- 95th U&C means 9.5 out of 10 dentists in a specific ZIP Code area charge at or below the plan allowance for a procedure.

### Usual and Customary (U&C) Disclosure

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Usual and Customary ("U&C") describes those dental charges that we have determined to be the usual and customary charge for a given dental procedure within a particular ZIP code area. U&C levels are based on experience from the Company and an independent outside source of claim charge information. First, all ZIP codes are grouped into one of 25 groups based on relative Type I charges and another group for Type II charges. The charge experience for the 25 Type I or Type II groups is pooled for credibility. From these groups, U&C percentiles are calculated for each procedure (for example, 75th U&C is exactly the charge such that 75% of all charges for a given procedure are less than it). Once U&C's are calculated for each procedure and grouping, the values are blended with like data from the independent external data source using a 60/40 blend, 60% Company data and 40% external source data. U&C charge levels are adjusted in this manner twice a year.

### Composites on Molars

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This dental proposal includes a benefit for composite fillings on the molars located in the back of the mouth. This complements the composite filling benefit we already offer on bicuspids, which are the teeth next to the molars. Dental composites consist of a core plastic material, also known as resin, mixed with fillers to achieve various levels of strength, wear resistance and color. The result is a more natural-looking, tooth-color filling.

For more than a century, amalgams (silver-color fillings) have been the first choice for fillings in molars, because of their superior strength and cost effectiveness. Molars are key to comfortably and thoroughly chewing food, and if a person suffers from bruxism (tooth grinding) the molars are always getting a workout, so molar strength is an important consideration.

However, advances in composite dental fillings have made them strong enough for back teeth. So with this strength, along with their natural look, composites have become a popular alternative. Ultimately, the choice of dental filling material should be decided between the patient and his/her dental professional. By selecting this enhanced benefit, employers would be giving their employees the freedom to choose either amalgam or composite fillings with fewer financial concerns.

### Deductibles

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After the date that \$150 in accumulated deductibles has been met within a family, we will waive the entire deductible or any remaining portion of the deductible amount for any other family members for the rest of that calendar year. At no time can a family member contribute more than the selected deductible amount. (Plan(s): 1, 2, 3, 4)